

**MEDICATION IN SCHOOL**

**PHYSICIAN'S STATEMENT**

Under the provision of R.S.A. 541-A, as of November 20, 1974, when it is found necessary to place a child on medication during the school day, the child **MUST** have the following information:

Child's Name: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

Time Schedule: \_\_\_\_\_

Medication to be taken from: \_\_\_\_\_ to \_\_\_\_\_  
DATE DATE

\_\_\_\_\_  
\*\*Doctor's Signature

\*\* A note from the doctor containing the above information is acceptable. This may be completed at the same time he/she is writing our your prescription.

\*\* \*\* \*

**PARENT RELEASE:**

I request the school to supervise my child, \_\_\_\_\_

to take the following medication, as prescribed by Dr. \_\_\_\_\_

Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

Due in School at: \_\_\_\_\_  
time

\_\_\_\_\_  
\*\* Parent Signature

\*\* A note from the parent with the above information is acceptable.

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Non-prescribed medication (any medicine without a doctor's order) such as aspirin, cough syrup, etc. **MAY NOT** be given in school. This is following the policies of the Mason School District, The New Hampshire Board of Education, and the New Hampshire Board of Nursing Registration.